01-25-05

PATENT

FOPS102USB

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being submitted via the USPTO EFS Filing System on the date shown below to Mall Stop AF. Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date: <u>January 25, 2008</u>

/Jessica Sexton/ Jessica Sexton

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Applicant(s): Ram P. Mohan, et al.

10/815,545

Filing Date: March 31, 2004

Examiner: Todd D. Ingberg

Art Unit: 2193

Title: METHOD AND SYSTEM FOR DEVELOPING SOFTWARE

REQUEST FOR REFUND

Dear Sir:

Serial No:

Applicants/Assignee of the subject application were entitled to receive the benefit of small entity status at the time of filing the RCE, and applicant/assignee currently qualifies for small entity status. Request is hereby made for a refund of the excess amount paid for a Small Entity in the amount of \$405.00.

Please credit the refund to Deposit Account No. 50-1063.

Respectfully submitted,
AMIN, TUROCY & CALVIN, LLP

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Electronic Patent Application Fee Transmittal								
Application Number:	10815545							
Filing Date:	31-Mar-2004							
Title of Invention:	Method and system for developing software using nodes							
First Named Inventor/Applicant Name:	Ram P. Mohan							
Filer:	Himanshu Amin/Jessica Sexton							
Attorney Docket Number:	24858.703.301							
Filed as Large Entity								
Utility Filing Fees								
Description		Fee Code		Quantity	Amou	nt	Sub-Total in USD(\$)	
Basic Filing:		J. 1. J.		•		•		
Pages:	•							
Claims:								
Miscellaneous-Filing:		8		8				
Petition:		HDESTR1 10815545 -810.00	3545	405.00		405.00		
Patent-Appeals-and-Interference:		22 108:	00000d29 10815545		0030049919		•	
Post-Allowance-and-Post-Issuance:		INTEFSU 00003E22	00000		00	d Total	XXXX100	
Extension-of-Time:		date: 0 INTEFSW	IDESTA1			d Refur	XXXXXX	
		Adjustment 01/25/2008 01 FC:1801	01/30/2008 HDESTR1	01 FC:2801	Refund Ref: 01/30/2008	Credit Card Refund Total	Am Exp: XXXXXXXXXXXXX1009	

• Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Miscellaneous:				
Request for continued examination	1801	1	810	810
	Tota	810		

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